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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/722,000-Conf. #6530	
	Filing Date		November 25, 2003	
	First Named Inventor		Brian R. MURPHY	
	Title	PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS...		
	Art Unit	1648		
	Examiner Name	Z. Lucas		
Attorney Docket No.		1173-1049PUS5		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 33883

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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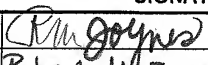
City	State	Zip	
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
	October 4, 2007
Name	Telephone
Robert M. Joyner, Reg. No. 54,842	301.594.6565
Title and Company	
Title: <u>Technology Licensing Specialist</u> THE GOVERNMENT OF THE UNITED STATES OF AMERICA, as represented by the Secretary, Department of Health and Human Services	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 0 forms are submitted.